

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 446Registered No. 446

1. PLACE OF BIRTH

County Gila State Ariz

District or Township _____ or Village _____

City Miami No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ariel Hurtado } If child is not yet named, make supplemental report, as directed.3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? Yes 7. Date of birth July 19 1930 Month Day Year8. FATHER Full name Jose Hurtado9. Residence (Usual place of abode) Miami If non-resident, give place and state.10. Color or race Mex 11. Age at last birthday 31 (Years)12. Birthplace (city or place) Mosco (State or country) Jalisco13. Occupation Miner Nature of Industry14. MOTHER Full maiden name Josepina15. Residence (Usual place of abode) Pasadena If non-resident, give place and state. Miami16. Color or race Mex 17. Age at last birthday 33 (Years)18. Birthplace (city or place) Mosco (State or country) Jalisco19. Occupation House wife Nature of Industry20. Number of children of this mother. 6 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living. 6 (b) Born alive but now dead. 0 (c) Stillborn. 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 57 m. on the date above stated. (Born alive or stillborn)Signature L. M. Castilla (Physician or midwife.)Given name added from _____ Address Box 15830Month, day, year July 20 1930

Registrar.

Registrar.

146-714-360

each in order of birth stated.